Washington State Department of Health

May 2022

DOH PUB 821-156-07

COVID-19 Older Adult Behavioral Health Impact Situation Report

Purpose

According to the World Health Organization (WHO), the nation, including Washington State, will soon be populated with a larger older adult population as compared to a younger counterpart.[1] The U.S. Census Bureau's 2017 National Population Projections has reported that over the next 10 years there will be a significant demographic turning point as Baby Boomers turn 65 or older, equating to 1 in every 5 residents.[2]

This report summarizes data analyses conducted by the COVID-19 Behavioral Health Group's Impact & Capacity Assessment Task Force. These analyses assess the likely current impacts of the COVID-19 pandemic on mental health and potential for substance use issues among Washington's older adult population (individuals 65 years and older unless otherwise noted).

Please note this report is based on the most recent available data from various sources. As such, different sections may present information for different reporting periods.

The intended audience for this report includes response planners and any organization that is responding to or helping to mitigate the behavioral health impacts of the COVID-19 pandemic.

Key Takeaways

- Older adult behavioral health is of particular concern as family and social interactions continue to be affected by COVID-19.
- The rate of emergency department (ED) visits for all syndromic indicators for Washingtonians aged 65 years and older have increased compared to the previous reporting period.
    - Survey data collected by the U.S. Census Bureau for January 26 – April 11, 2022, shows change in **anxiety (-1.40%), worrying (+3.25%), lack of interest (+1.03%), and depression (+23.91%)** among older adults (in this sample, older adults are defined as individuals 60 and older) in Washington.
    - Fewer adults reported that they **needed therapy or counseling but did not receive it (-11.39%)** and fewer adults reported that they **received counseling or therapy from a mental health care professional (-25.21%)**.

[1] https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

[2] https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html

Impact Assessment

Syndromic Surveillance

The Department of Health collects syndromic surveillance data in near real-time from hospitals and clinics across Washington. The data are always subject to updates. Key data elements reported include patient demographic information, chief complaint, and coded diagnoses. This data collection system[3] is the only source of emergency department (ED) data for Washington.

Statistical warnings and alerts are raised when a CDC algorithm detects a weekly count at least three standard deviations[4] above a 28-day average count, ending three weeks prior to the week with a warning or alert. These warnings or alerts are indicated as needed within each respective syndrome section. Alerts indicate more caution is needed than a warning. Additionally, "average weekly difference" is a measure of the variation in the weekly volume of ED visits across Washington.

Analysis conducted by the Washington State Department of Health and the Northwest Tribal Epidemiology Center found 9,443 misclassified visits in Washington hospitals from May 15 – September 15, 2020. The visits in question should have been classified as American Indian/Alaska Native and represent a 27% misclassification rate during that period.

As of CDC Week 14 of 2021, the total number of ED visits for individuals 65 years or older have increased and have returned to the pre-March 2020 number of ED visits.

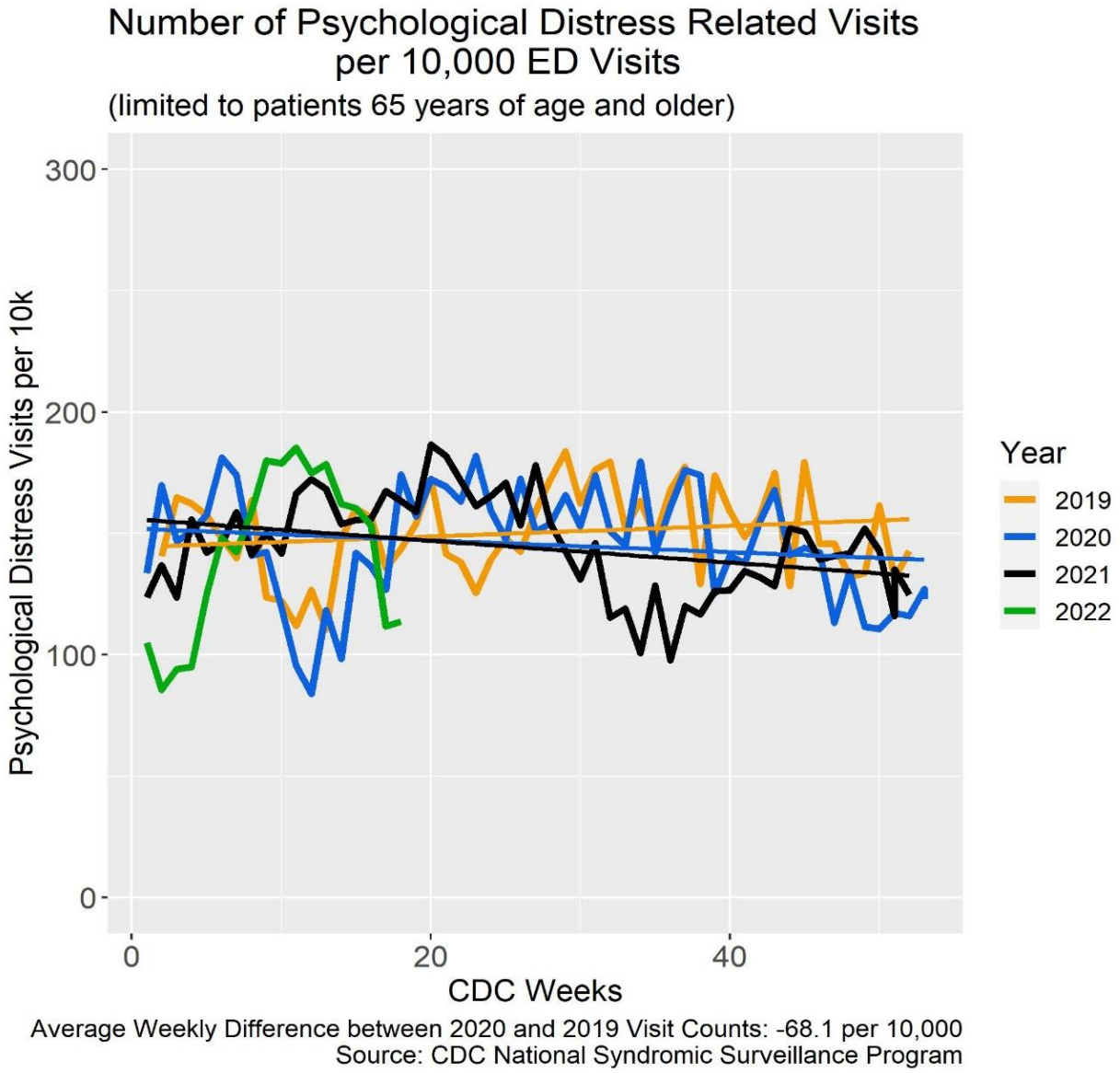
[3] https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PublicHealthMeaningfulUse/RHINO

[4] Standard deviation: A measure of the amount of variation or dispersion of a set of values. Standard deviation is often used to measure the distance of a given value from the average value of a data set.

Psychological Distress

During **CDC Weeks 13 – 17 (weeks of April 2 – 30, 2022)**, the relative reported ED visits for psychological distress[5] among patients 65 years or older **decreased from the previous reporting period,** is increasing, **but is lower** than the rates in the corresponding weeks of 2019, 2020, and 2021 (Graph 1). **No statistical warnings or alerts were issued, to date.**

Graph 1: Relative count of ED visits for psychological distress among adults 65 years of age and older in Washington, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)

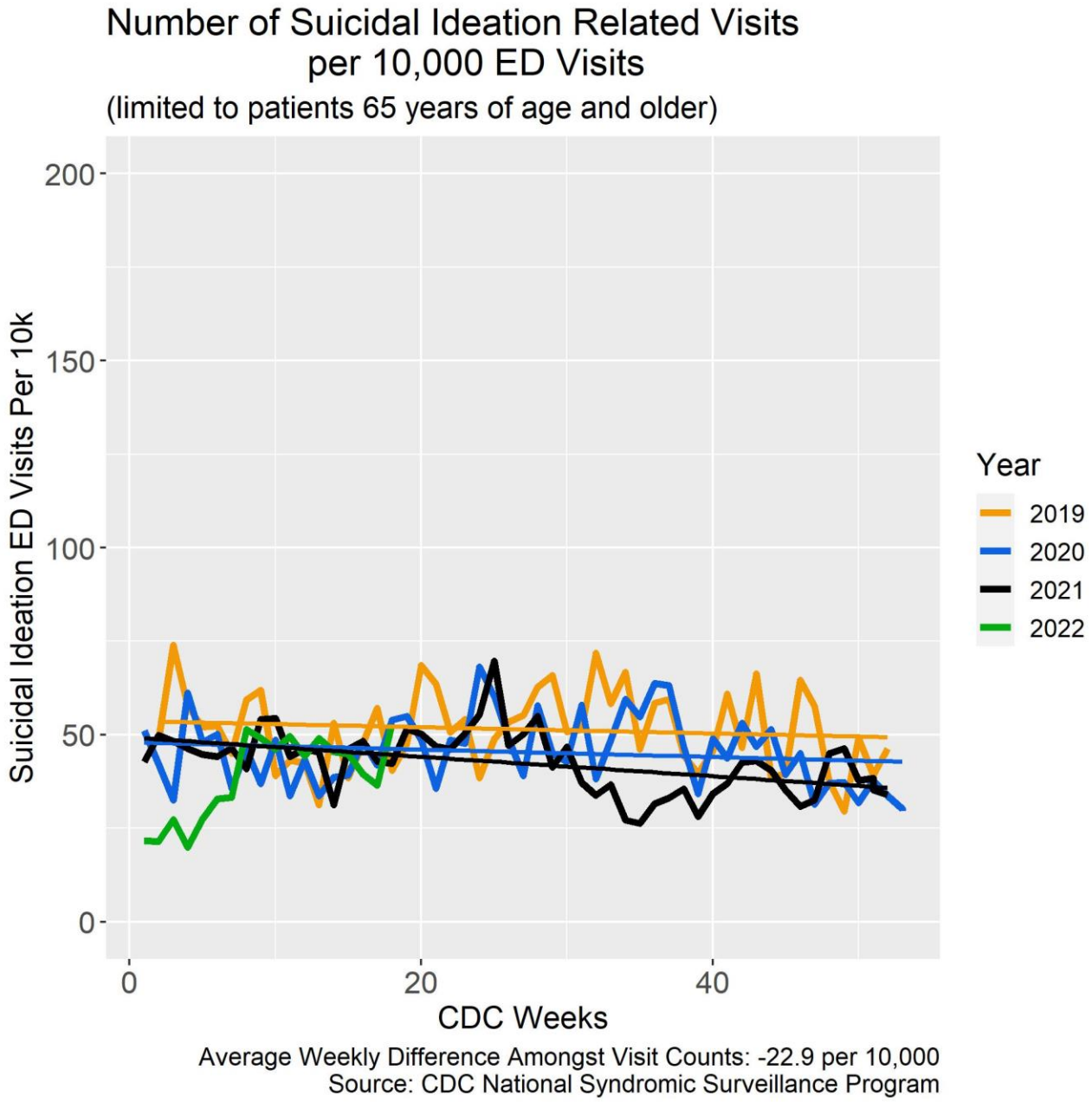


[5] Psychological distress in this context is considered a disaster-related syndrome comprised of panic, stress, and anxiety. It is indexed in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) platform as Disaster-related Mental Health v1. Full details are available at https://knowledgerepository.syndromicsurveillance.org/disaster-related-mental-health-v1-syndrome-definitioncommittee.

Suicidal Ideation

During **CDC Weeks 13 – 17 (weeks of April 2 – 30, 2022)** the **relative reported rate of ED visits for suicidal ideation** among patients 65 years or older **increased slightly from the previous reporting period, is higher** than the rates in the corresponding weeks of 2019 and 2021, and is **even** with rates in the corresponding week of 2020 (Graph 2). **No statistical warnings or alerts were issued.**

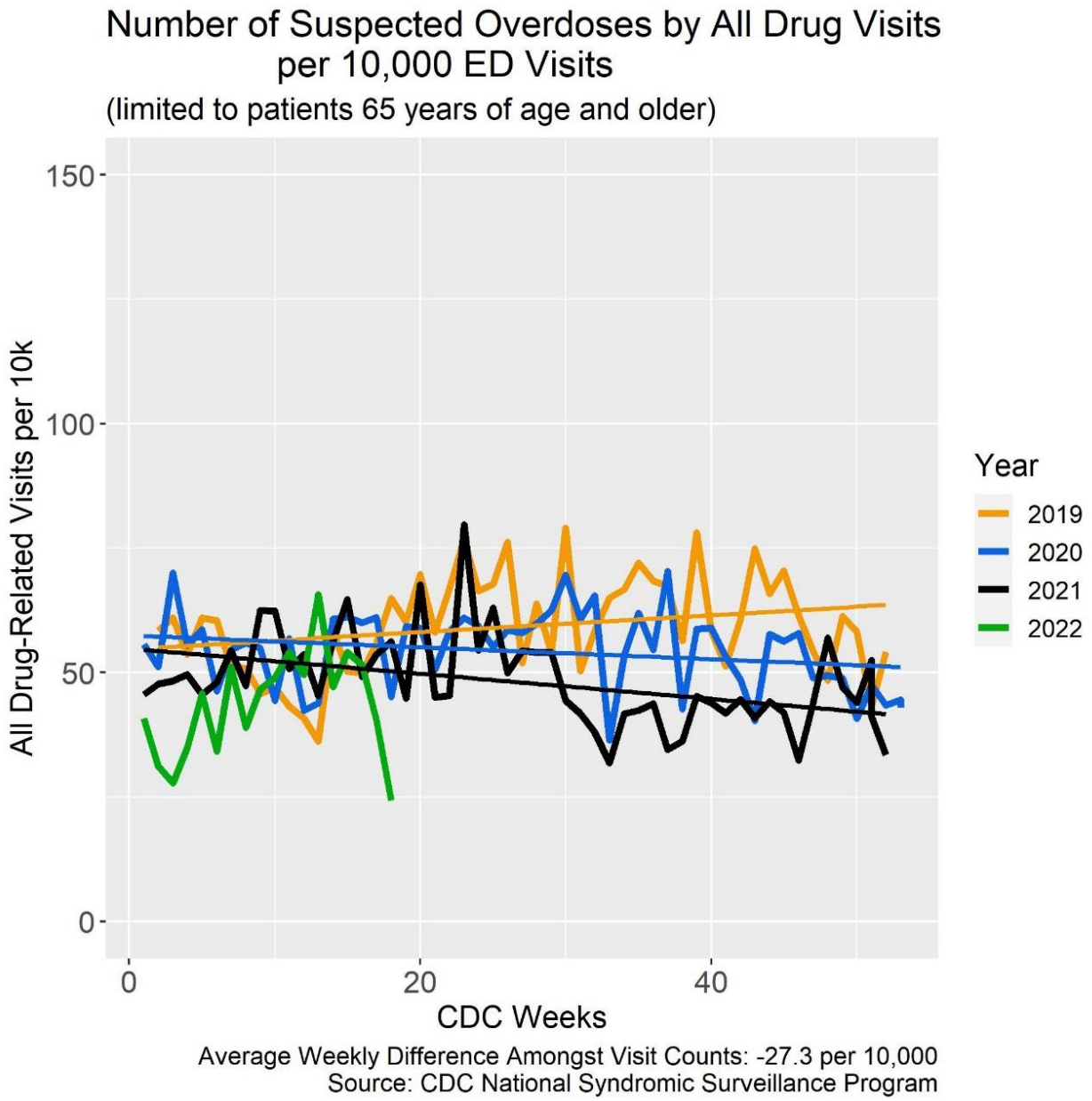
Graph 2: Relative count of ED visits for suicidal ideation among adults 65 years of age and older in Washington, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)



Substance Use – Suspected Drug Overdose & Alcohol-Related Emergency Visits

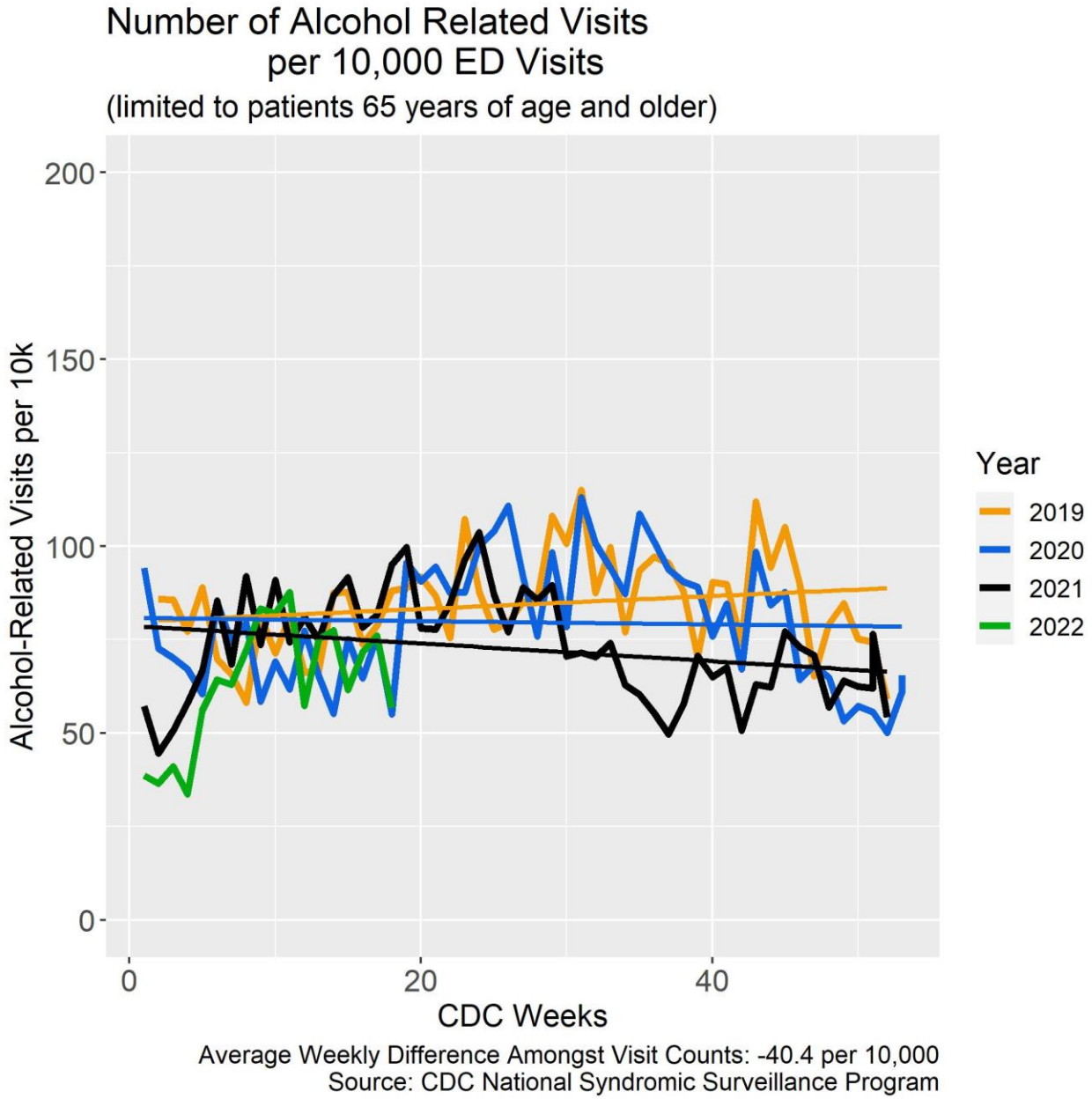
During **CDC Weeks 13 – 17 (weeks of April 2 – 30, 2022)** the relative reported rate of ED visits for suspected drug overdose among patients 65 years or older **decreased from the previous reporting period and is lower** than the rates in the corresponding weeks of 2019, 2020, and 2021 (Graph 3). **No statistical warnings or alerts were issued in 2022, to date.**

Graph 3: Relative ED count for all drug-related visits in Washington adults 65 years of age and older, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)



During **CDC Weeks 13 – 17 (weeks of April 2 – 30, 2022)**, the relative reported rate of alcohol-related ED visits **decreased from the previous reporting period,** is lower than the rates in the corresponding weeks of 2019 and 2021, and is **even** with rates in the corresponding week of 2020 (Graph 4). **No statistical warnings or alerts were issued.**

Graph 4: Relative count of alcohol-related ED visits in Washington for adults 65 years of age and older, by week: 2019, 2020, 2021, and early 2022 (Source: CDC ESSENCE)



Inpatient and Observational Community Hospital Discharges

Mental, Behavioral, and Neurodevelopmental Disorders

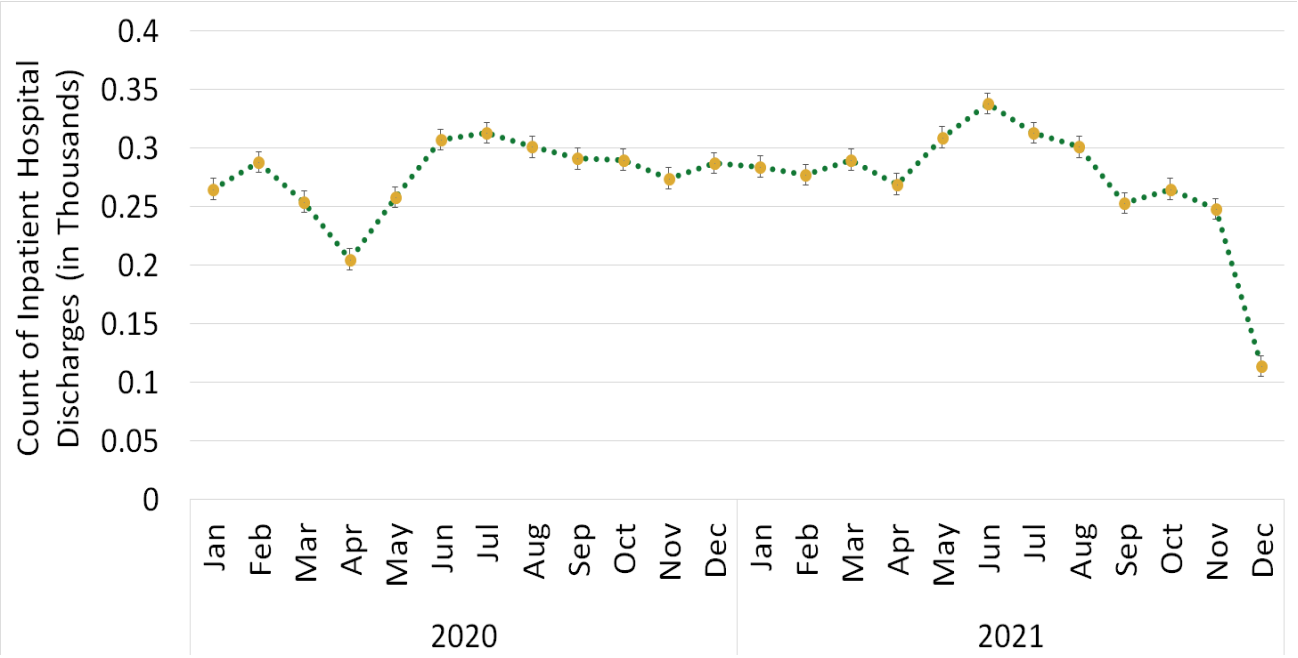
The Comprehensive Hospital Abstract Reporting System (CHARS)[6] collects record level information on inpatient community hospital stays.

Caution should be taken when reviewing data, as the "Stay Home, Stay Healthy" order (March 2020) may impact hospital discharge data for both inpatient and observation patients. Only mental, behavioral, and neurodevelopmental disorders were evaluated (based on the individual's primary diagnoses included only ICD-10 F-codes)[7] for this report.

Due to time lag, data may not be complete. While non-Washington residents can be discharged from a Washington community hospital, only Washington residents were included in the analysis. Because of low numbers (>10), no further separation was conducted for discharges for specific mental, behavioral, or neurodevelopmental disorders.

Graph 5 shows the count of older adult (individuals 65 years and older) inpatient community hospital discharges for mental, behavioral, and neurodevelopmental disorders. The most recent reporting period (December 2021) showed a **54% decrease** for individuals who were 65 years and older as compared to the previous month.

Graph 5: Count of Older Adult Inpatient Community Hospital Discharges for Mental, Behavioral, and Neurodevelopmental Disorders, by month (Source: DOH)

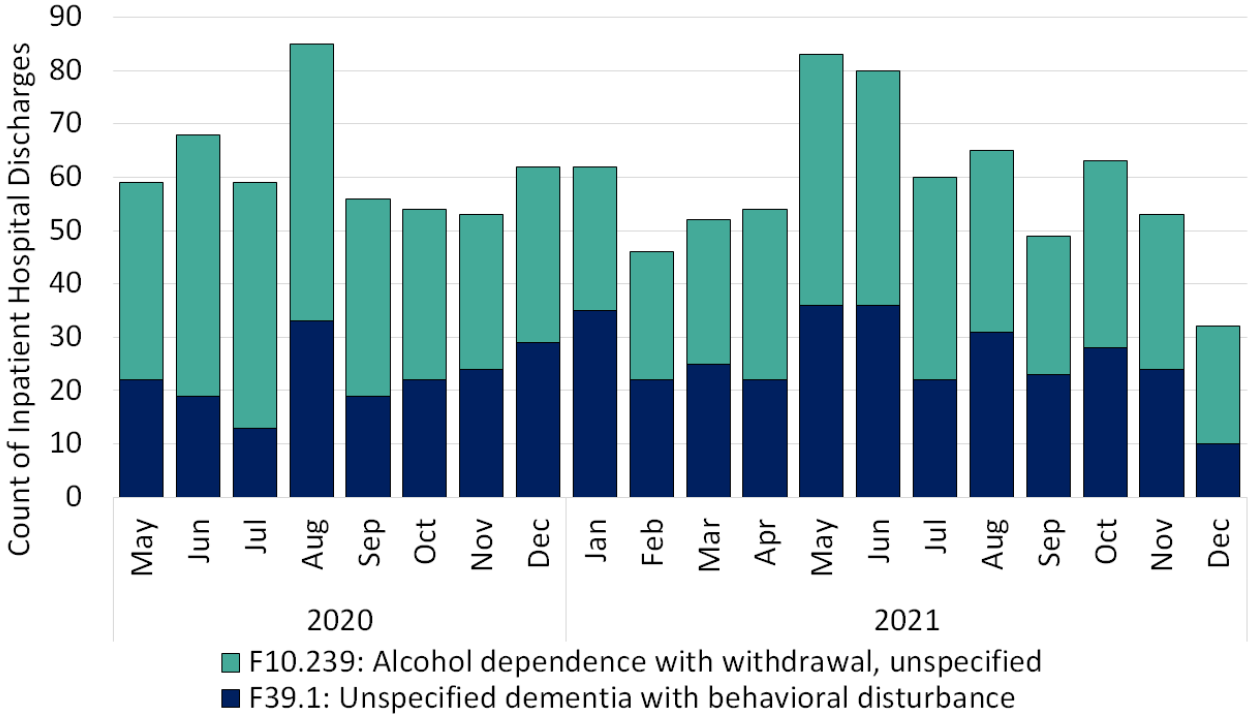


[6]https://www.doh.wa.gov/dataandstatisticalreports/healthcareinwashington/hospitalandpatientdata/hospitaldischargedatachars

[7] ICD-10 is the Tenth Revision of the International Classification of Disease and Related Health Problems published by the World Health Organization (WHO). F-codes are specifically related to mental, behavioral, and neurodevelopmental disorders.

Graph 6 shows the count of the top two mental, behavioral, and neurodevelopmental disorders in terms of inpatient community hospital discharges. The most recent reporting period showed a 58% decrease in "**unspecified dementia with behavioral disturbance"** and 24% decrease in "**alcohol dependence with withdrawal, unspecified"** discharges.

Graph 6: Count of Top Mental, Behavioral, and Neurodevelopmental Disorders for Older Adults (individuals 65 years and older) Inpatient Community Hospital Discharges, by month (Source: DOH)



Fatal and Non-Fatal Falls

Graph 7 shows the count of fatal falls stratified by gender and age. Falls are typical in older adults and can result in fatal and non-fatal injuries. Falls have been linked to depression and anxiety suggesting that older people who are more depressed and anxious are more likely to be at risk for greater falls.[8,9]

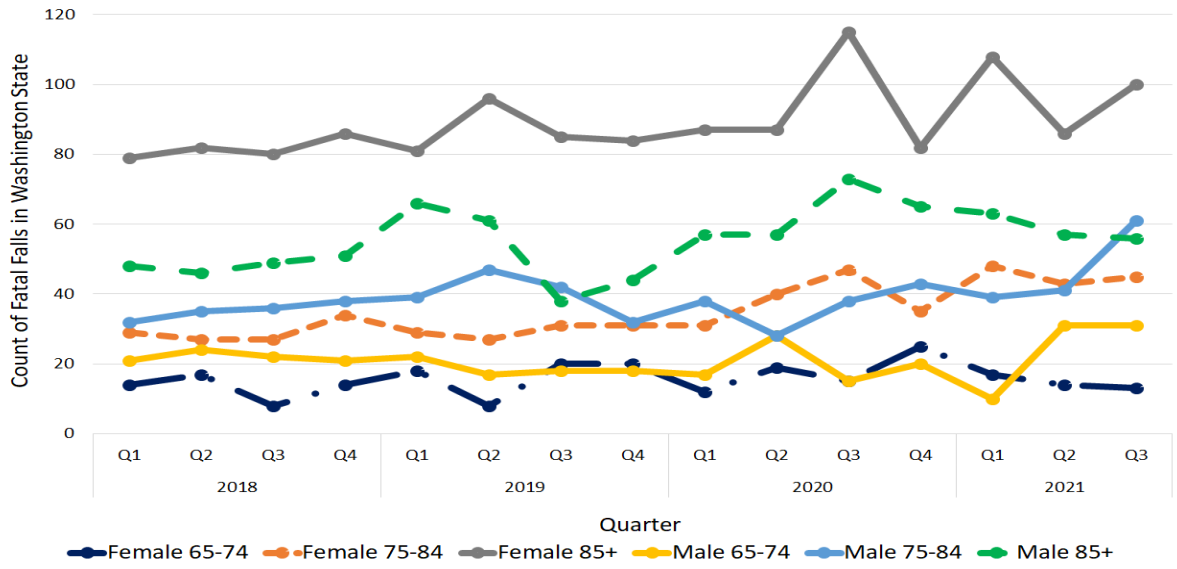
The most recent reporting period (Quarter 3 of 2021) showed a 0.99% increase for individuals who were 65 years old and older as compared to the previous year (Quarter 3 of 2020). Stratified by gender only, the most recent reporting period (Quarter 3 of 2021) showed a 10.73% decrease for **females** and 17.45% increase for **males** in fatal falls as compared to the

[8] Kvelde, T., Lord, S. R., Close, J. C., Reppermund, S., Kochan, N. A., Sachdev, P., ... & Delbaere, K. (2015). Depressive symptoms increase fall risk in older people, independent of antidepressant use, and reduced executive and physical functioning. *Archives of Gerontology and Geriatrics*, *60*(1), 190-195. https://doi.org/10.1016/j.archger.2014.09.003

[9] Holloway, K. L., Williams, L. J., Brennan-Olsen, S. L., Morse, A. G., Kotowicz, M. A., Nicholson, G. C., & Pasco, J. A. (2016). Anxiety disorders and falls among older adults. *Journal of Affective Disorders*, *205*, 20-27. https://doi.org/10.1016/j.jad.2016.06.052

previous year (Quarter 3 of 2020). Stratified by age category only, the most recent reporting period (Quarter 3 of 2021) showed a **46.67% increase for older adults ages 65 - 74** , **24.71% increase for older adults ages 75 - 84**, and **17.02% decrease for older adults ages 85 and older** in fatal falls as compared to the previous year (Quarter 2 of 2021).

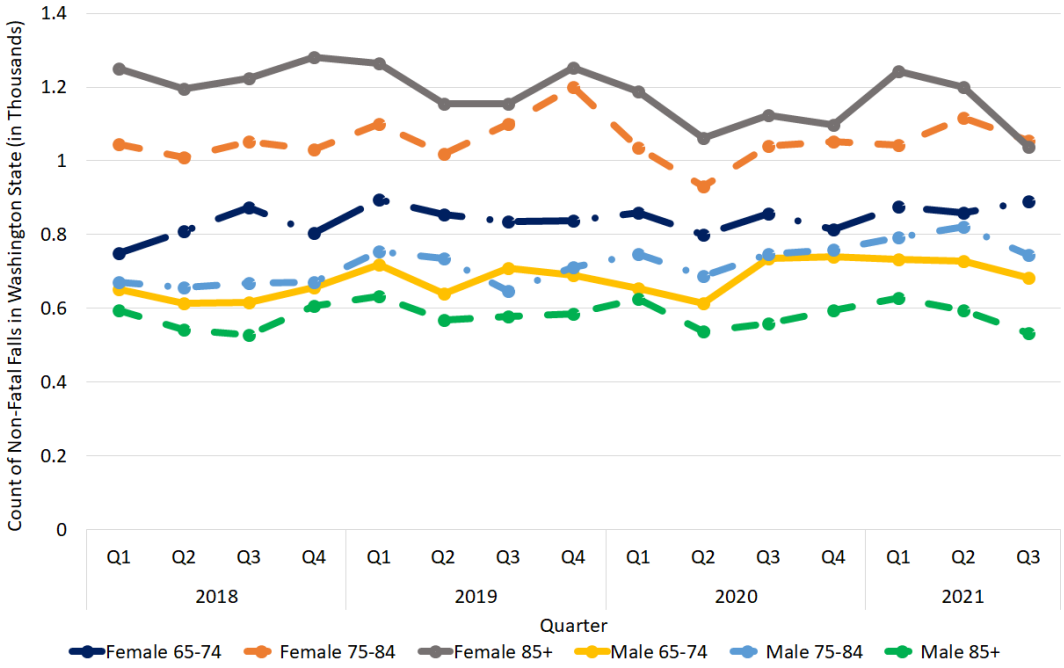
Graph 7: Count of Fatal Falls for Older Adults (aged 65 years and older), by age, gender, and calendar quarter (Source: DOH)



Note: Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA older adult residents (individuals 65 years and older) were included in the analysis. Fatal falls are defined as ICD-10 codes: W00 – W19 in underlying cause of death. Data is not restricted to deaths or injuries occurring in Washington (limited to deaths among Washington residents). For more information on older adult falls prevention, please visit: www.doh.wa.gov/findingourbalance.

Graph 8 shows the count of non-fatal falls stratified by gender and age. The most recent reporting period (Quarter 3 of 2021) showed a **2.41% decrease** for individuals who were 65 years old and older as compared to the previous year (Quarter 3 of 2020). Stratified by gender only, the most recent reporting period (Quarter 3 of 2021) showed a **1.36% decrease for females** and **3.97% decrease for males** in non-fatal falls as compared to the previous year (Quarter 3 of 2020). Stratified by age category only, the most recent reporting period (Quarter 3 of 2021) showed a **1.19% decrease for older adults ages 65 - 74**, **0.61% increase for older adults ages 75 - 84**, and **6.77% decrease for older adults ages 85 and older** in non-fatal falls as compared to the previous year (Quarter 3 of 2020).

Graph 8: Count of Non-Fatal Falls for Older Adults (aged 65 years and older), by age, gender, and calendar quarter (Source: DOH)



Note: Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA older adult residents (individuals 65 years and older) were included in the analysis. Non-fatal falls are defined by ICD-10-CM codes based on the CDC ICE Injury Matrix and exclude fatal hospital discharges. For more information on older adult falls prevention, please visit: www.doh.wa.gov/findingourbalance

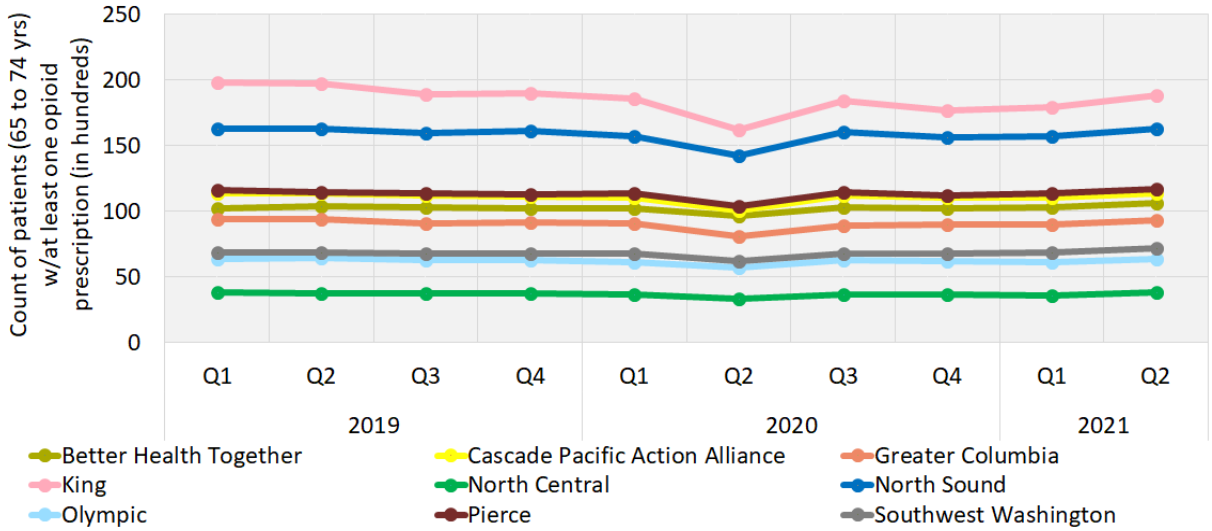
Prescription Opioids Usage

DOH's Prescription Monitoring Program (PMP) collects the prevalence of prescription opioid use. **For the overall Washington population ages 65 – 74,** the most recent reporting period (Quarter 2 of 2021) showed a **3.96% increase** of patients with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021). Graph 9 provides a count of patients ages 65 – 74, broken down by calendar quarter and Accountable Communities of Health (ACHs), with at least one opioid prescription submitted to the PMP. Stratifying by ACHs:

- For **Better Health Together ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **3.32% increase** of patients ages 65 – 74 with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Cascade Pacific Action Alliance ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **3.07% increase** of patients ages 65 – 74 with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Greater Columbia ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **3.77% increase** of patients ages 65 – 74 with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).

- For **King ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **4.97% increase** of patients ages 65 – 74 with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **North Central ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **5.56% increase** of patients ages 65 – 74 with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **North Sound ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **4.16% increase** of patients ages 65 – 74 with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Olympic ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **4.02% increase** of patients ages 65 – 74 with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Pierce ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **2.76% increase** of patients ages 65 – 74 with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Southwest Washington ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **4.60% increase** of patients ages 65 – 74 with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).

Graph 9: Count of patients ages 65 – 74 with at least one opioid prescription, by calendar quarter and ACHs (Source: DOH)

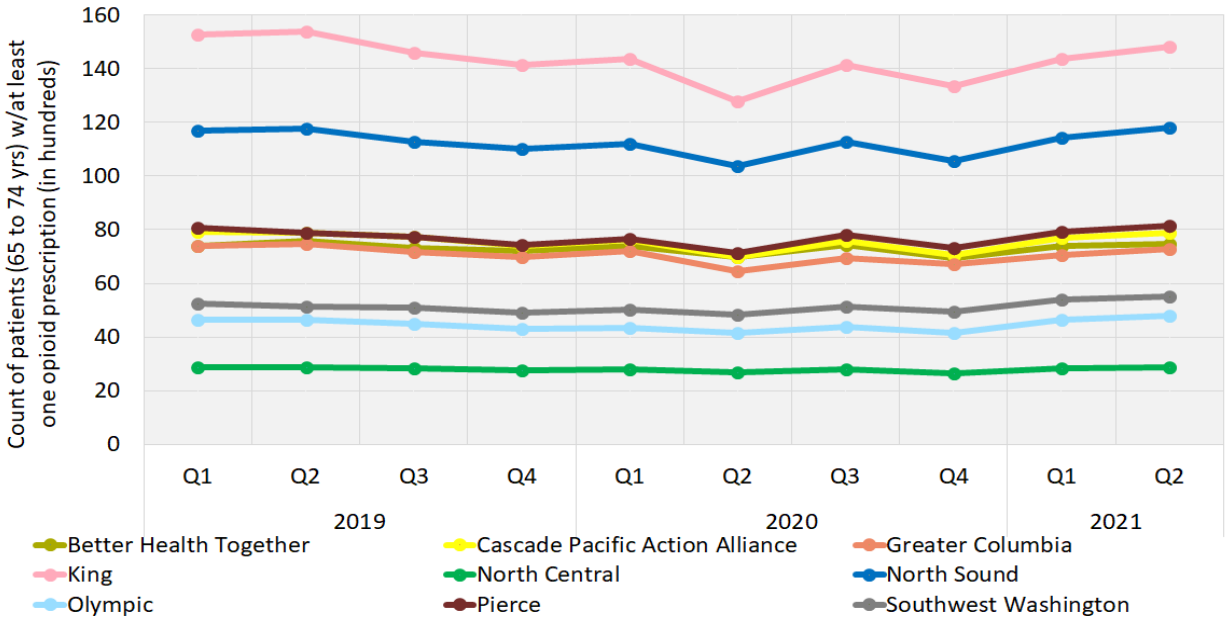


Note: Caution should be taken when examining these data. For overall Washington population, for Quarter 2 of 2021, 95% Confidence Interval (CI) [121.70, 123.26] with a state population of 779,842 and state rate of 122.48. For 2021 population estimates are based on the Office of Financial Management (OFM)'s 2020 population estimates; data can be potentially impacted when OFM releases the 2021 population estimates. Please refer to link, opioid data technical notes (PDF) (wa.gov), for technical details and limitations about the data and the metrics utilized including CI, ACH populations, and ACH state rate. For more information please refer to link: dashboard: Opioid Prescriptions and Drug Overdoses

For the overall Washington population ages 75 and older, the most recent reporting period (Quarter 2 of 2021) showed a **3% increase** of patients with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021). Graph 10 provides a count of patients ages 75 and older, broken down by calendar quarter and Accountable Communities of Health (ACHs), with at least one opioid prescription submitted to the PMP. Stratifying by ACHs:

- For **Better Health Together ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **0.93% increase** of patients **ages 75 and older** with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Cascade Pacific Action Alliance ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **2.34% increase** of patients **ages 75 and older** with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Greater Columbia ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **3.25% increase** of patients **ages 75 and older** with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **King ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **3.19% increase** of patients **ages 75 and older** with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **North Central ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **1.94% increase** of patients **ages 75 and older** with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **North Sound ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **3.45% increase** of patients **ages 75 and older** with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Olympic ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **3.42% increase** of patients **ages 75 and older** with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Pierce ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **2.79% increase** of patients **ages 75 and older** with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Southwest Washington ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **2.26% increase** of patients **ages 75 and older** with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).

Graph 10: Count of patients ages 75 and older with at least one opioid prescription, by calendar quarter and ACHs (Source: DOH)



Note: Caution should be taken when examining these data. For overall Washington population, for Quarter 2 of 2021, 95% CI [139.75, 141.83] with a state population of 501,596 and state rate of 140.79. 2021 population estimates are based on the Office of Financial Management (OFM)'s 2020 population estimates; data can be potentially impacted when OFM releases the 2021 population estimates. Please refer to link, opioid data technical notes (PDF) (wa.gov), for technical details and limitations about the data and the metrics utilized including CI, ACH populations, and ACH state rate. For more information please refer to link: dashboard: Opioid Prescriptions and Drug Overdoses

General Surveillance

Symptoms of Anxiety and Depression

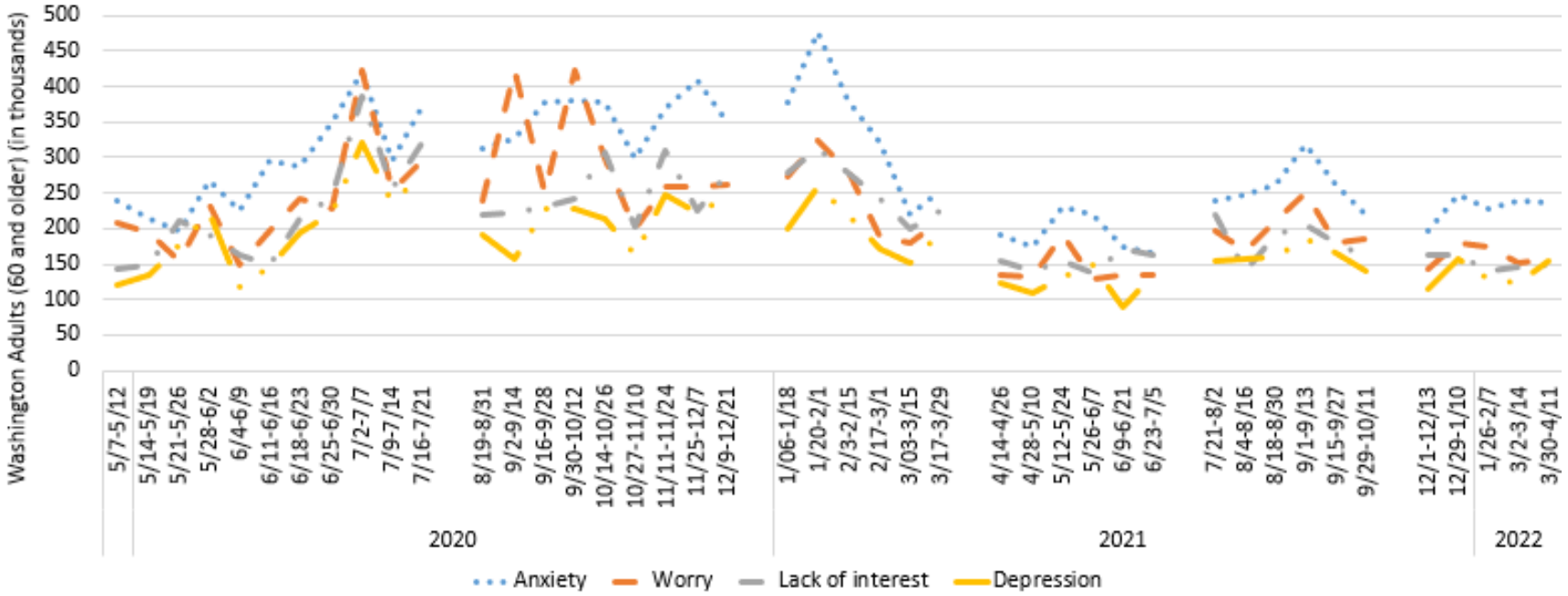
Survey data collected by the U.S. Census Bureau for **March 30 – April 11, 2022,** show changes in **anxiety (-1.40%), worrying (+3.25%), lack of interest (+1.03%), and depression (+23.91%)** among older adults (in this sample, older adults are defined as individuals 60 and older) in Washington, **compared to the previous reporting period of March 2 – 14, 2022** (Graph 11).[10]

In the most recent reporting period represented below, **approximately 236,000 older adults** reported symptoms of anxiety on all or most days of the previous week, while **157,297 older adults reported the same frequency of symptoms of worrying**; approximately **148,500 older adults** reported lack of interest on all or most days of the previous week, while approximately **152,900 reported the same frequency of symptoms of depression**.

[10] In May, the U.S. Census Bureau began measuring the social and economic impacts of the COVID-19 pandemic with a weekly Household Pulse survey of adults across the country. The survey asks questions related to various topics, such as how often survey respondents have experienced specific symptoms associated with diagnoses of generalized anxiety disorder or major depressive disorder over the past week, as well as services sought. Additional details about the survey can be found at https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm.

Please note that the same respondent may have reported frequent symptoms, and these numbers are not cumulative.

Graph 11: Estimated number of Washington adults (60 years and older) with feelings of anxiety and depression "at least most days," by week: April 23, 2020 – April 11, 2022 (Source: U.S. Census Bureau)



Note: The U.S. Census Bureau briefly paused data collection for the period of December 23, 2020 – January 3, 2021, March 30, 2021 – April 13, 2021, July 6 – 20, 2021, and October 12 – November 31, 2021. Note, for Phase 3.3 has shifted to a two-weeks on, two-weeks off collection and dissemination approach, although previous phases of the survey collected and disseminated data every two weeks.

Care-Seeking Behavior

Survey data collected by the U.S. Census Bureau for **March 30 – April 11, 2022** show the number of adults in Washington who received medical care and counseling, as well as the number who delayed or did not receive care (Graph 12).[8] Compared to the previous reporting period (**March 2 – 14, 2022**), **less people reported that they needed therapy or counseling but did not receive it (-11.39%)** and **less people reported that they received counseling or therapy from a mental health care professional (-25.21%)**. Please note the survey did not ask respondents why they did not receive care.

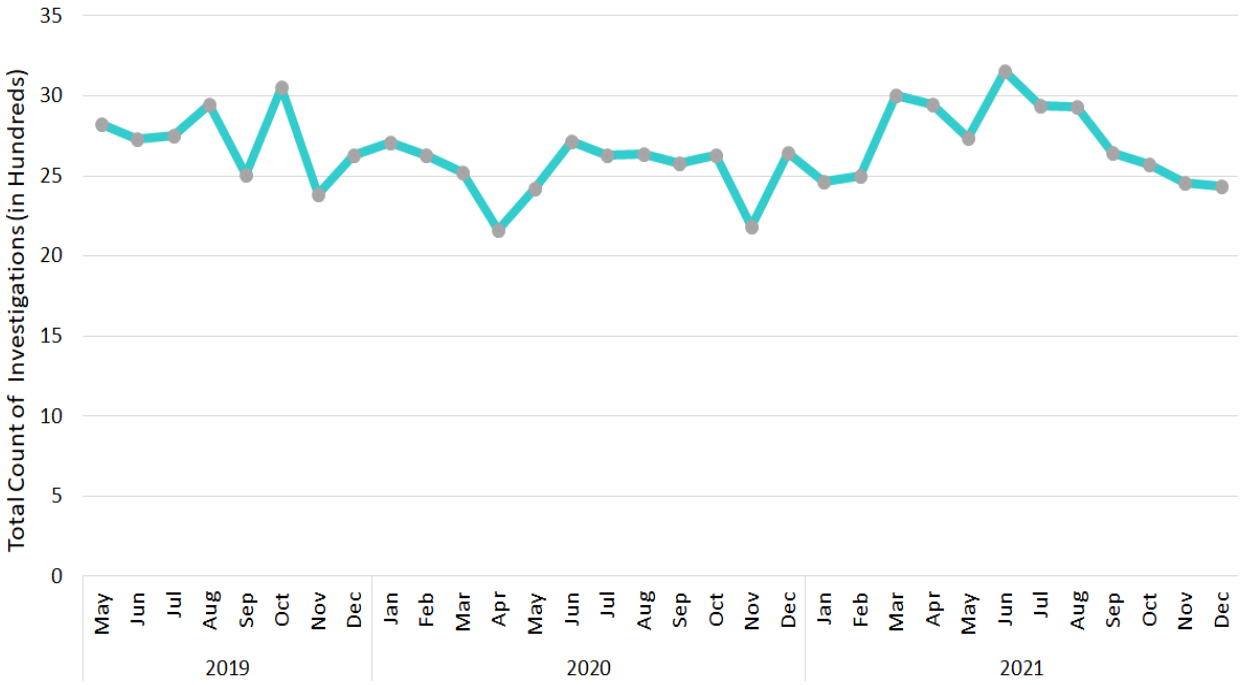
Graph 12: Estimated number of Washington adults (60 years and older) who received or delayed medical care or counseling, by week: August 19, 2020 – April 11, 2022 (Source: U.S. Census Bureau)

Note: The U.S. Census Bureau briefly paused data collection for the period of December 23, 2020 – January 3, 2021, March 30, 2021 – April 13, 2021, July 6 – 20, 2021, and October 12 – November 31, 2021. Note, for Phase 3.3 has shifted to a two-weeks on, two-weeks off collection and dissemination approach, although previous phases of the survey collected and disseminated data every two weeks.

Adult Protective Services (APS) Investigations

The Department of Social and Health Services' (DSHS) Adult Protective Services (APS) receives and investigates reports of abuse, abandonment, neglect, exploitation and self-neglect of vulnerable adults in Washington. Types of investigations include financial exploitation, improper use of restraint, mental abuse, neglect, personal exploitation, physical abuse, self-neglect, and sexual abuse. Graph 13 shows the count of total Washington State APS investigations for individuals ages 65 and older. The most recent reporting period (December 2021) showed a 0.98% decrease in investigations for ages 65 and older as compared to the previous month.

Graph 13: Total count total Washington APS investigations, by month (Source: DSHS)



Note: Data is limited following intake report to determine if APS has jurisdiction. Investigations include thorough interviews, observations, record reviews and coordination with law enforcement and other agencies as needed.

Telehealth Use for Washington Medicaid Clients

Telehealth (phone and videoconferencing) claims use for Washington Medicaid clients is collected by the Washington State Health Care Authority (HCA).

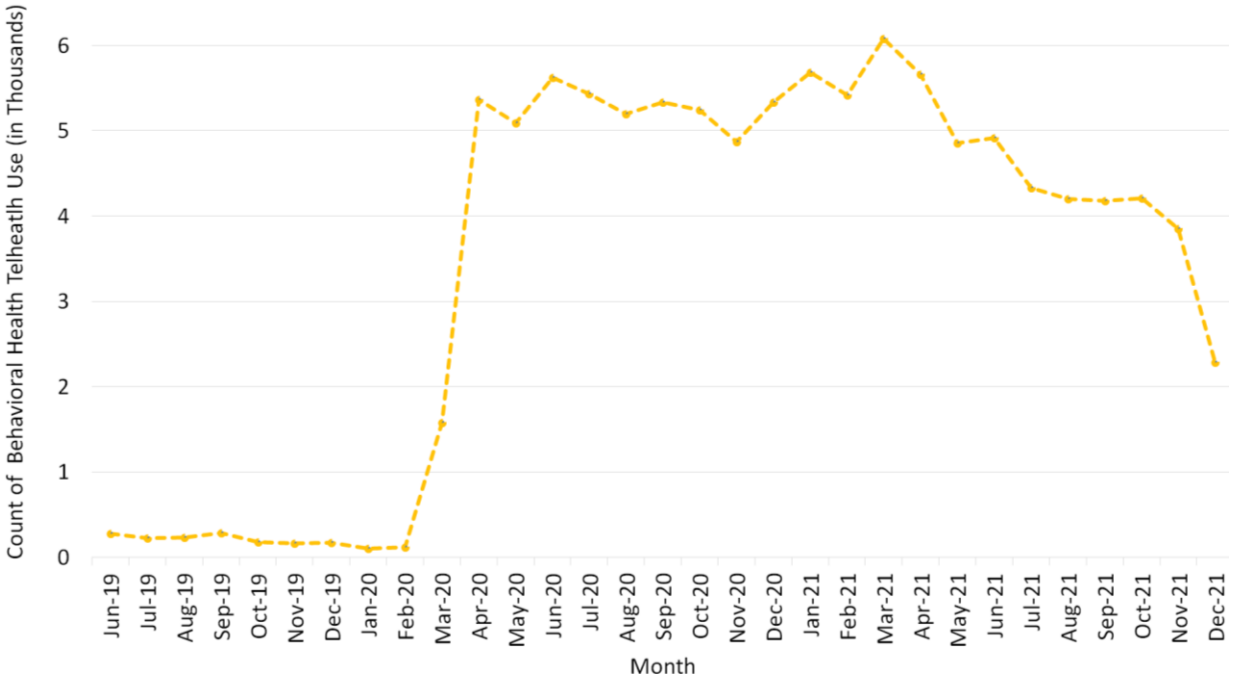
It is important to note the limited use of telehealth in Medicaid clients prior to the COVID-19 pandemic (March 2020), which could explain the significant increase in March and April 2020 (237%) after the implementation of the "Stay Home, Stay Healthy" order in March 2020.

Due to the significant demand for telehealth, several changes were made to policies, coverage, and implementation that could impact this data. Results may be underreported due to missing, changed, or suppressed data.

As this data is limited to **only** Washington Medicaid recipients, overall telehealth use may be underreported as older adult populations may be Medicare beneficiaries.

Graph 14 provides a count of telehealth behavioral health services use claims. The most recent reporting period (December 2021) showed a 52.53% **decrease** of telehealth behavioral health services use claims for individuals 65 years and older compared to the previous month.

Graph 14: Count of Telehealth Behavioral Health Use Claims for Older Adult Washington Medicaid Clients, by month (Source: HCA)



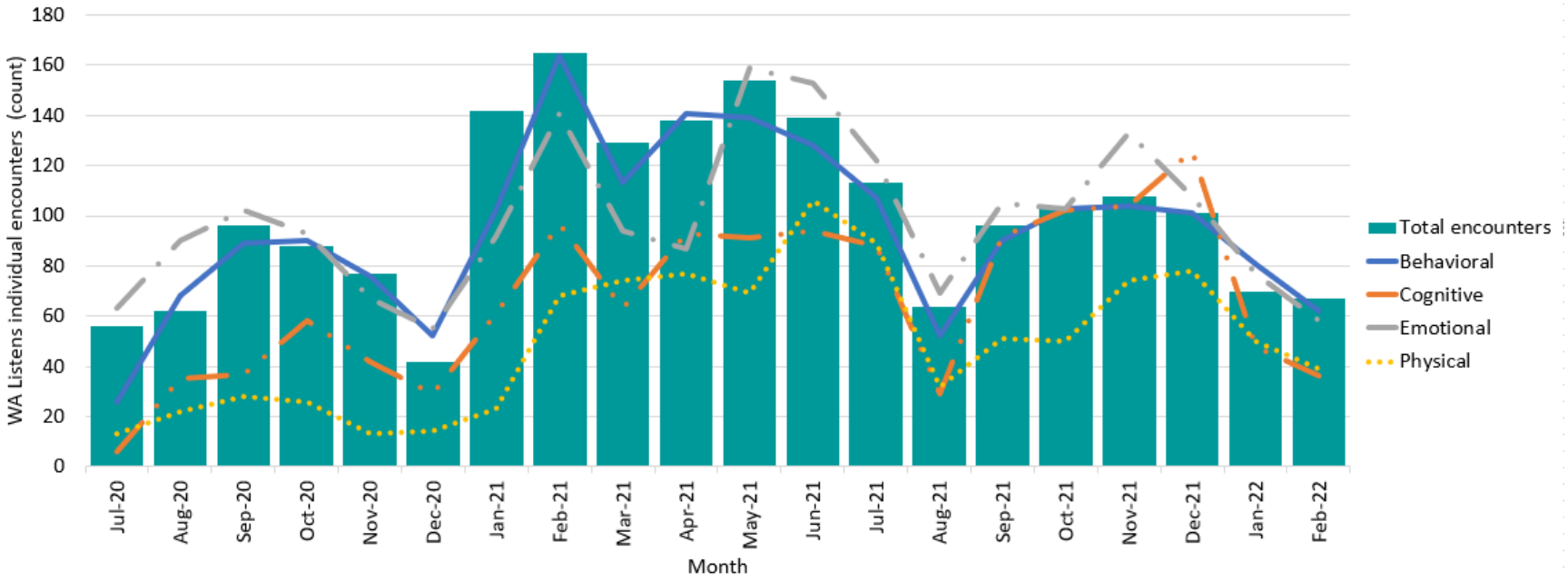
Note: Due to missing or suppressed data, results may be underreported.

Telephonic Support Lines – Service Volume

Washington (WA) Listens[11] is a free, anonymous service that offers non-clinical behavioral health support for both individual and group encounters. Additionally, WA Listens provides referral information to local resources based on the needs expressed. Since its inception in July 2020, a total of 2,011 WA Listens individual encounters have been completed with individuals who were 65 years and older (Graph 15).

In December 2021, calls for **physical concerns** decreased by 22.00%, **emotional concerns** decreased by 24.68%, **cognitive concerns** decreased by 25.00%, and **behavioral concerns** decreased by 23.46% as compared to the prior month.

Graph 15: Total count of WA Listens individual calls for older adult (individuals 65 years and older) individuals and concerns, by month (Source: Washington State Health Care Authority [HCA])



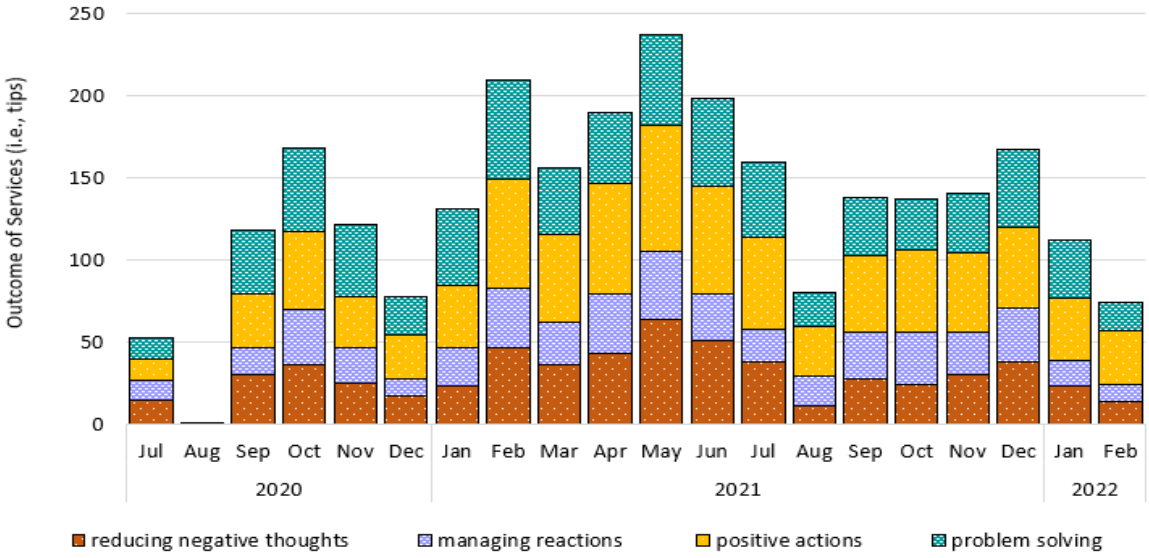
Note: Individuals can call about more than one concern, including multiple of the same type. Due to data collection issues, data might be underreported by approximately 5-10%.

[11] https://waportal.org/partners/home/WaListens

For January, most individuals ages 65 years and older called for **behavioral** concerns, for isolation or withdrawal concerns (33.82%), and/or being agitated/ jittery/shaky (42.64%). In terms of **cognitive** concerns, most older adults called regarding intrusive thoughts and images (22.03%) and difficulty concentrating (27.94%). In terms of **emotional** concerns, most older adults called for emotions of irritability and anger (36.76%) or feelings of anxiety or fearfulness (50.00%). In terms of **physical** concerns, most older adults called for headaches (26.47%) and fatigue or exhaustion (23.53%). For **risk factors**, 32.35% focused on preexisting physical disability, 22.06% on past substance use or mental health problem, and 22.06% on prolonged separation from family. For **outcomes from services (e.g., tips and referrals)**, see Graphs 16 and 17.

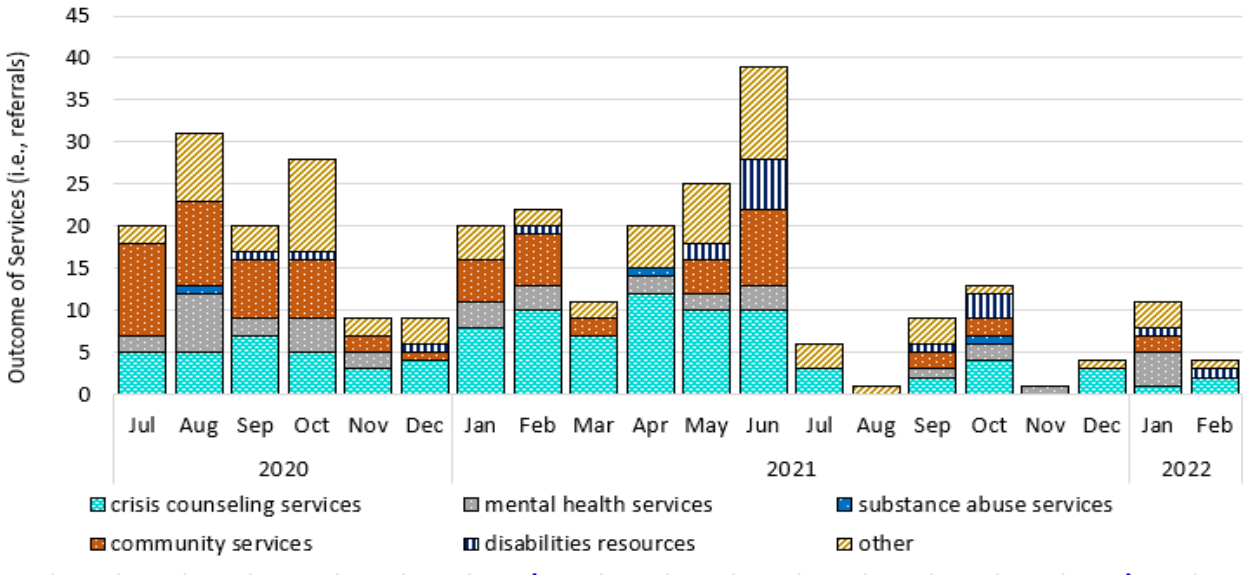
For February, most individuals ages 65 years and older called for **behavioral** concerns, for isolation or withdrawal concerns (40.30%), and/or being agitated/ jittery/ shaky (26.87%). In terms of **cognitive** concerns, most older adults called regarding intrusive thoughts and images (23.88%) and difficulty concentrating (14.93%). In terms of **emotional** concerns, most older adults called for emotions of irritability and anger (28.36%) and/or feelings of anxiety or fearfulness (28.36%). In terms of **physical** concerns, most older adults called for headaches (16.42%), worsening of health problems (16.42%), and fatigue or exhaustion (17.9%). For **risk factors**, 37.31% focused on preexisting physical disability, 22.39% on past substance use or mental health problem, and 20.90% on prolonged separation from family. For **outcomes from services (e.g., tips and referrals)**, see Graphs 16 and 17.

Graph 16: Outcome of services (i.e., tips) for WA Listens older adult (individuals 65 years and older) individuals (Source: HCA)



Note: Tips are not mutually exclusive (i.e., individuals can receive more than one tip). Due to data collection issues, data might be underreported by approximately 5-10%.

Graph 17: Outcome of services (i.e., referrals) for WA Listens (Source: HCA)



Note: Referrals are not mutually exclusive (i.e., individuals can receive more than one referral). Due to data collection issues, data might be underreported by approximately 5-10%.

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